

Voice of the Homeless: Nashville-Davidson County 1998

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Voice of the Homeless 1998

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Executive Summary

The homeless service providers in Nashville/Davidson County, Tennessee are committed to the development and continuous improvement of services provided to meet the needs of the homeless population. As a part of this commitment, particular emphasis is placed on understanding and identifying potential gaps in services.

To enhance service providers' understanding of the needs of the homeless, a survey was conducted that attempted to define from the perspective of the homeless, their demographic profiles, personal histories, current and past living situations, resources utilized, health status and current unmet needs.

Personal interviews were conducted with a convenience sample of 630 homeless persons in Davidson County. Forty-three trained interviewers conducted interviews at 20 sites between March 15, 1998 and May 15, 1998.

“Highlights” of Findings

- Homelessness is often thought of as a “revolving” door in and out of homelessness. However this study found that 60% of the homeless interviewed reported the current episode of homelessness to be the first time homeless. Twenty percent reported one other episode of homelessness and 20% reported two or more episodes of homelessness.
- Many of the homeless in Nashville reported having had a place of residence in Davidson County just prior to their current episode of homelessness. Of those interviewed, 60% reported their last place of residence (traditional housing) to be Nashville, 15% reported it to be another city in Tennessee, 8% reported it to be a border state, and 17% reported coming from another state.
- Fifty percent of respondents reported their usual place to stay/sleep was the shelter system in Nashville; 23% reported usually staying with family or friends; 14% reported public places to be their usual place to stay.
- In regard to health care resources, 30% reported receiving TennCare, 13% reported receiving disability and 8% reported Medicare benefits.
- In regard to health problems, 37% reported having been told by a health professional that they had an alcohol and/or drug problem, 22% reported having been told they had a psychiatric problem. In addition, 23% reported having been told they were hypertensive, 18% as asthmatic, 17% as arthritic, 6% as diabetic, 6% reported having been told they were HIV positive or had Aids and 5% had been told at one time that they had tuberculosis. This self reported information reflects the chronic nature of the health problems of the homeless.

“Highlights” of Findings based on Demographics

Gender

- Females tended to be younger (average age of females -37 yrs of age / males-40 years); used the shelter system more often (females-53% / males-49%) and were homeless for shorter periods of time compared to males (females-42% / males-29%). More females reported having TennCare coverage (53%) compared to males (23%). More females reported relationship problems (40%) and finances (40%) as the primary reasons for homelessness compared to males (19% and 31%, respectively).

Age

- Younger respondents (18-25 years of age) reported having stayed in shelters less often (41%) and reported having stayed with family/friends (55%) more often than older respondents (59% and 24%, respectively). Younger respondents cited finances (51%) as their primary reason for homelessness. More younger respondents (54%) reported having emotional problems compared to older respondents (> 25 years of age) (39%).

Education

- Respondents with little education (< high school degree or GED) were more likely to cite finances (42%) as the primary reason for homelessness compared to those with more education (> high school degree) (27%). A greater percentage of those with less education (40%) reported not having TennCare coverage compared to those with more education (28%).

Race

- African American respondents cited alcohol and drug problems (28%) as the primary reason for homelessness compared to others (15%). More African American respondents reported Nashville as most recent previous residence (traditional housing) (80%) compared to others (60%). A greater percentage of Caucasian respondents reported more previous homeless episodes (average-3 times) and more family violence (29%) compared to African Americans (average-2 times; 18% family violence). A greater percentage of African American respondents reported not having TennCare coverage (28%) compared to Caucasians (37%).

Marital Status

- Those who reported being married reported being homeless for a shorter period of time (< 6 months-61%) compared to those who were divorced/separated/widowed (31%) or never married (29%). Those who were married reported more chronic illnesses such as diabetes (18%), asthma (37%), emotional problems (55%) and incidences of abuse (37%).

Veteran Status

- Veteran respondents reported being older (average=33 years of age) than non-veterans (average=28 years of age) at their first occasion of homelessness. A greater percentage of veterans reported being employed (40%) compared to non-veterans (29%) as well as being better educated (high school education or above-veterans=83%/non-veterans=58%). However, emotional problems were reported more often (34%) among veterans compared to non-veterans (19%).

INTRODUCTION

Statement of the problem:

The homeless service providers in Nashville/Davidson County, Tennessee are committed to the development and continuous improvement of services provided to meet the needs of the homeless population. As a part of this commitment, particular emphasis is placed on understanding and identifying potential gaps in services.

To enhance service providers' understanding of the needs of the homeless, a survey was conducted that attempted to define from the perspective of the homeless, their demographic profiles, personal histories, current and past living situations, resources utilized, health status and current unmet needs. This information will provide additional input for the development of strategic plans for homeless services.

Background:

The homeless poor of today are a far more heterogeneous group than their "skid-row" predecessors. Homelessness reflects several subpopulations whose relative proportions may vary regionally across the country. These groups may include the following:

- a) single-parent households, many of which receive public assistance, who have been evicted, removed or turned out by family or friends;
- b) single men, either indigenous or on the road who are out of work, are increasingly of ethnic minority status and often have rudimentary or obsolete job skills;
- c) single women of all ages who have lost husbands or mates, have been turned out by friends or family, or simply cannot keep up with rising rents;
- d) individuals with serious disabilities, severe mental illness, or long-standing substance abuse problems;
- e) ex-offenders released from jail or prison;
- f) homeless youths;
- g) a host of smaller groups including displaced elderly, victims of domestic violence and legal and undocumented immigrants.¹

Among this diverse population group, it is important to determine how the subgroups' needs may vary in order for service providers to facilitate the exit from homelessness.

Purpose:

The purpose of the present study was to identify from among consumers of various homeless services in Nashville, the demographic sub-groups of homeless persons, their associated personal histories, their health status and any unmet needs for services.

This information may be used at a community level to dispel historical myths about homeless persons and can be used by service providers to develop and improve strategies to target the unique needs of the various homeless subpopulations.

METHODOLOGY

Sample:

Personal interviews were conducted with a convenience sample of 630 homeless persons in Davidson County. Twelve completed surveys were found to be duplicates and 23 interviewees said they had a permanent place to stay. These interviews were eliminated from the sample resulting in an adjusted sample of 595 completed interviews. This yields a + or – 4% margin of error for questionnaire responses.

Method:

Forty-three trained interviewers conducted interviews at 20 different sites across Davidson County (See Table 1.) Interviewers were supplied with snacks to offer as incentives for survey completion. Interviews were conducted from March 15, 1998 through May 15, 1998.

Table 1: Interview Sites

Campus for Human Development	32%
Salvation Army	11%
Family Life Center	10%
Mission	8%
Presbyterian Church	5%
Edge Hill	4%
Location Unknown	4%
Community Care Fellowship	3%
Loaves and Fishes	3%
Matthew 25	3%
Nashville Cares	3%
Salvation Army Lodge	3%
St. Patricks	3%
Hope Center	2%
Park Center	2%
Downtown Clinic	1%
East Nashville Coop. Min.	1%
Madison Domestic Violence	1%
Samaritan	1%
YWCA	1%
Informal	1%
TOTAL	100%

Questionnaire:

The questionnaire used in the current study was developed based on items from other homeless survey questionnaires that have been implemented by other state and local initiatives.² Additional health status questions were selected from standardized instruments.^{3,4} Specific untested questions of interest to service providers were developed and included.

Analysis:

All survey responses were edited and entered into a database. All verbatim responses (answers to open ended questions) were categorized and quantified. Cross tabulations of responses to each question were computed by different demographic subgroups and are included in the appendix.

A series of univariate and nonparametric statistics were computed to determine notable differences in responses based on the different demographic subgroups of which respondents' have membership. Statistical results were not adjusted to control for multiple comparison error, however, of all tests computed, 36% were found to be of statistical significance with a probability level of significance equal to .05 or less.

Notes on Reading this Report:

- The format of this report was designed to facilitate use of the information in a manner that addresses characteristics and needs of specific subgroups .
- All information contained in this report reflect reality through the perceptions of the homeless participants.
- Percentages in figures and tables may not sum to 100% due to rounding
- Percentages in some figures and tables may sum to greater than 100% because some questions may require more than one answer per respondent
- Due to the nature of the sampling methods, ie. convenience sample, results should not be used to estimate any absolute numbers or percentages to indicate the magnitude of presence of each subgroup in Davidson County. This information can primarily be used to identify and better understand the various needs within each subgroup.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

As can be seen in Table 2 most respondents (71%) were male, more than half (59%) were African-American and two-thirds (67%) were between the ages of 26 and 45 with an average age of 39 years.

These findings are similar to nationwide estimates that suggest solitary (single, unattached) adult males make up about 70% of the adult homeless population.⁵

Nearly two-thirds (64%) of respondents had graduated from high school or had at least some college experience while 36% had less than a high school education. Only nine percent of respondents said they were married or living as married while 43% said they were divorced or separated. Forty-three percent said they have never been married and five percent said they were widowed. Almost one-quarter (24%) said they were veterans.

Table 2: Demographic Characteristics

Gender:		Education:	
Male	71%	<=8th Grade	8%
Female	29%	9th-11th Grade	28%
Transgender	<1%	12th Grade	45%
		Post High School	19%
Race/Ethnicity:		Marital Status:	
African American	59%	Married/Living As	9%
Caucasian	35%	Divorced/Separated	43%
Hispanic	2%	Widowed	5%
Amer. Indian/Native Amer.	2%	Never Married	43%
Asian	<1%		
Other	2%		
Age:		Veteran Status:	
<18yrs	<1%	Yes	24%
18-25	6%	No	76%
26-35	28%		
36-45	39%		
46+	26%		
Average Age	39		

A PROFILE OF THE HOMELESS

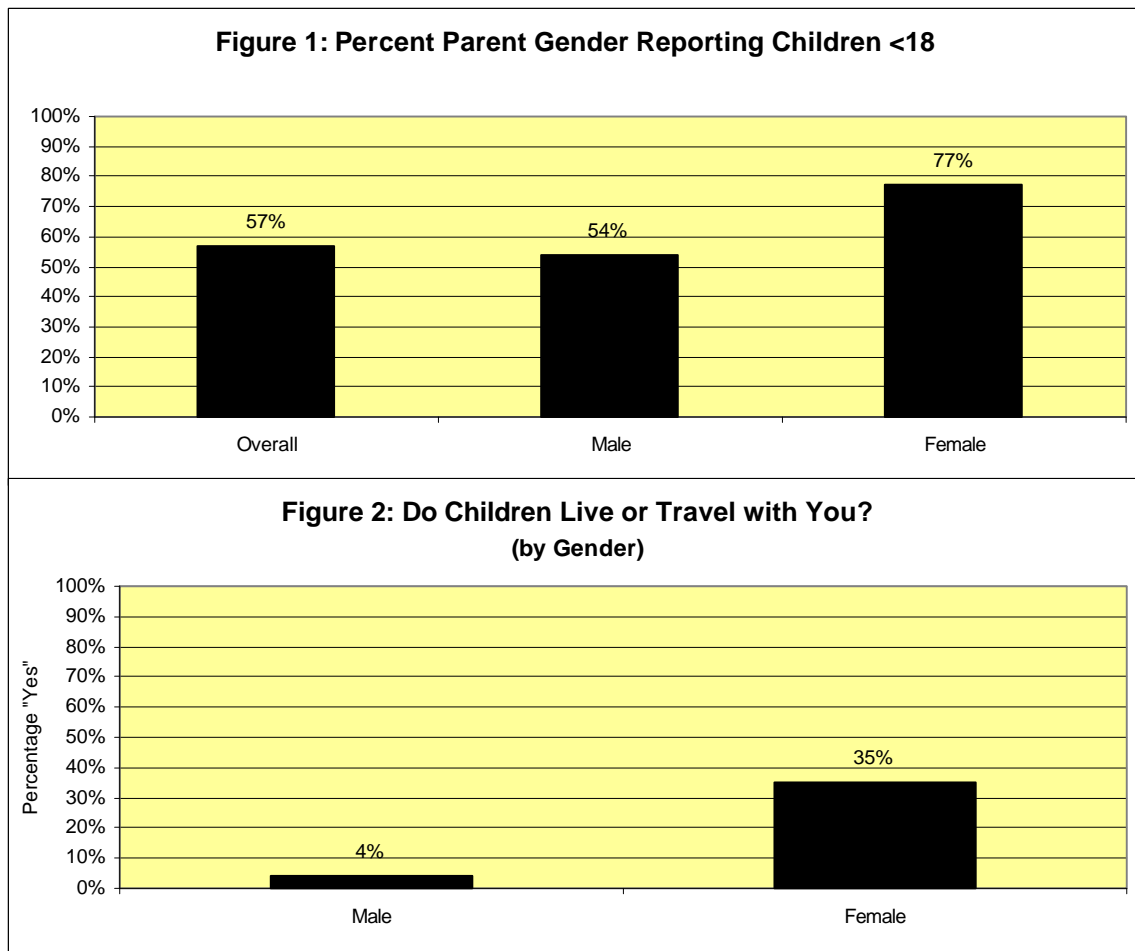
Women and Women with Children

Myth #1: Homelessness does not affect women or women with children.

Women: Generally, the most common perception of the homeless person is the often visible “single” male encountered on a street corner. Twenty-nine percent of homeless persons interviewed in the current study were female, however, we speculate that this number may be an overrepresentation of the females who are homeless in Davidson County. The data collection in this study occurred primarily at shelters and feeding sites where females are more likely to be found versus at camp sites, parks and other informal sites.

Studies conducted in various parts of the country have resulted in estimates of homelessness for females that range from 17% to 34%. The pattern that is more consistent between studies is that the majority of homeless families are headed by females and males make up the majority of the single homeless populations.¹

Women with children: Forty four women with children younger than 18 years of age who traveled with them were interviewed. Figure 1 shows the percentage of respondents who reported having children younger than eighteen years of age and Figure 2 shows the percentage of those respondents with children who reported that the child/children lived/traveled with them.



Significant Findings – Females Compared to Males

Of pertinence to the Nashville community are how the needs of these two population groups of homelessness vary. Table 3 displays notable differences between females and males in regard to profile and needs. All other comparisons may be viewed in a complete set of tables in the appendix.

Housing

The data show that females tend to use the shelter system more often compared to males and have been homeless for shorter periods of time. They also tend to come from situations in which they lived with others in apartments or houses.

Length of Time Homeless

Females reported being homeless for shorter periods of time compared to males.

Reasons for Homelessness

The data also show that females' self-perceived reasons for homelessness are because of financial circumstances and relationship problems versus alcohol and drugs that are commonly mentioned among males.

Resource Utilization

A greater percentage of females reported having TennCare health care coverage, receive food stamps and AFDC or SSI compared to males and those without children.

Physical and Mental Health Status

Although, a greater percentage of females tend to use the health care system compared to males, a greater percentage of females reported untreated health problems compared to males.

Females also tended to report being in poor health more than males and reported more health problems that included arthritis, asthma, and psychiatric or mental health problems. Females reported fewer problems related to alcohol and drugs and TB.

A greater percentage of females were bothered by emotional problems more often compared to males. Females also reported more abuse and family violence than did males.

A greater percentage of females have received dental care compared to males.

Unmet Needs

Females tended to report greater unmet needs for food than did males.

Desired Assistance

Females also expressed desire for help with getting a GED, technical school and help finding a job.

Employment

A smaller percentage of females tended to be employed compared to males. Of those who were unemployed, a smaller percentage of unemployed females were currently looking for a job compared to males.

Demographics

The females represented in this sample tended to be younger compared to males, divorced or separated and fairly equally African American and Caucasian.

Table 3: Significant Findings – Females Compared to Males

	Females	Males
Housing		
Stay in Shelter	53%	49%
Stay in House/Apt	29%	21%
Stay in Public Place	9%	16%
Length of Time Homeless		
< 6 months	42%	29%
6-12 months	12%	12%
1-2 years	20%	17%
> 2 years	27%	42%
Precursor		
Lived in Apt/House	92%	86%
Lived Alone	25%	49%
Reasons for Homelessness		
Finances/Unable to pay rent	40%	31%
Relationship problems	40%	19%
Resource Utilization		
AFDC	18%	5%
SSI	21%	11%
Food Stamps	30%	17%
TennCare	53%	23%
Physical and Mental Health Status		
Saw a doctor in past year	73%	58%
Received Dental Care	24%	18%
Untreated health problems	37%	18%
Health Ratings (Average) 5-Excellent, 4-Very Good, 3-Good, 2-Fair, 1-Poor	2.8	3.1
Arthritis	26%	15%
Asthma	32%	6%
Psychiatric problems	33%	19%
TB	1%	6%
A&D	29%	42%
Bothered by Emotional Problems	46%	38%
Abused by Spouse/Significant Other	27%	11%
Unmet Needs		
Clothing	17%	28%
Food	40%	12%
Transportation	32%	39%
Desired Assistance		
Need help with getting GED	29%	20%
Finding a job	28%	19%
Employment		
Employed	24%	35%
Looking for work among the Unemployed	66%	76%
Demographics		
Age (average)	37 yrs	40 yrs
Race % white	45%	31%
% black	49%	64%
Marital Status %Div/Sep/Wid	46%	49%
% Never Married	38%	45%
% Married	16%	6%

Significant Findings: Females with Children Compared to Others

Table 4 displays noteworthy differences between females with children and others. All other comparisons may be viewed in a complete set of tables in the appendix.

Housing

The data show that similar to all females, females with children tend to use the shelter system more often compared to males and have been homeless for shorter periods of time. They also tend to come from situations in which they paid the rent or mortgage.

Reasons for Homelessness

Similarly, the data also show that females' with children self-perceived reasons for homelessness are because of financial circumstances and relationship problems versus alcohol and drugs that are commonly mentioned among males.

Females with children reported having been previously homeless fewer times than did others.

Resource Utilization

A greater percentage of females with children reported having TennCare health care coverage, receive food stamps and AFDC compared to all others.

Physical and Mental Health Status

A greater percentage of females with children reported having asthma compared to all others, however reported fewer problems related to alcohol and drugs, dual diagnosis and high blood pressure.

Females with children also reported more abuse and family violence compared to all others.

A greater percentage of females with children have received dental care compared to all others.

Unmet Needs

Females with children tended to report greater unmet needs for medical care than did all others.

Desired Assistance

They also expressed desire for help with getting a GED, technical school and help finding a job.

Employment

A smaller percentage of females with children compared to others were currently looking for a job.

Demographics

The females represented in this sample tended to be younger compared to all others and have a lower level of education.

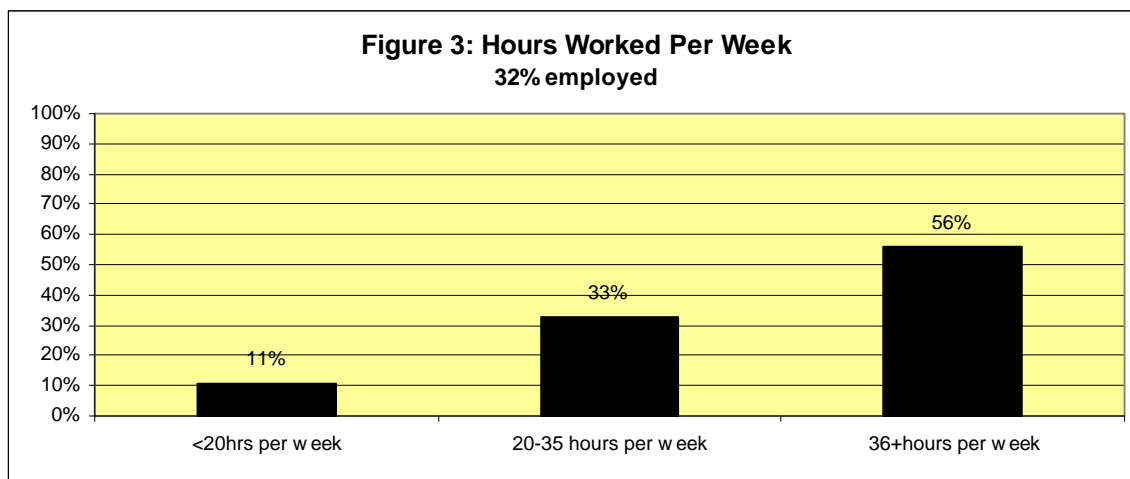
Table 4: Significant Findings – Females with Children Compared to Others

	Females with Children	All Others
Housing		
Stay in Shelter	54%	50%
Stay in House/Apt	32%	22%
Stay in Public Place	5%	15%
Stay in Other	9%	14%
Length of Time Homeless		
< 6 months	46%	31%
6-12 months	14%	12%
1-2 years	24%	17%
> 2 years	15%	40%
Precursor		
Lived in Apt/House	100%	87%
Paid rent	70%	54%
# Times Homeless: > 1 time	%	T
Reasons for Homelessness		
Finances/Unable to pay rent	52%	32%
Relationship problems	41%	23%
Resource Utilization		
AFDC	57%	4%
Food Stamps	65%	17%
TennCare	75%	28%
Physical and Mental Health Status		
Saw a doctor in past year	73%	58%
Received Dental Care	36%	18%
Asthma	32%	18%
Dual Diagnosis	5%	18%
A&D	11%	41%
Bothered by Emotional Problems	46%	38%
Abused by Spouse/Significant Other	23%	15%
Family Violence	39%	21%
Unmet Needs		
Medical Care	5%	27%
Desired Assistance		
Need help with getting GED	43%	21%
Finding a job	36%	21%
Employment		
Looking for work among the Unemployed	48%	75%
Demographics		
Age	30 yrs	40 yrs
Education	11 th grade	12 th grade
< HS	51%	34%
HS	42%	45%
> HS	7%	20%

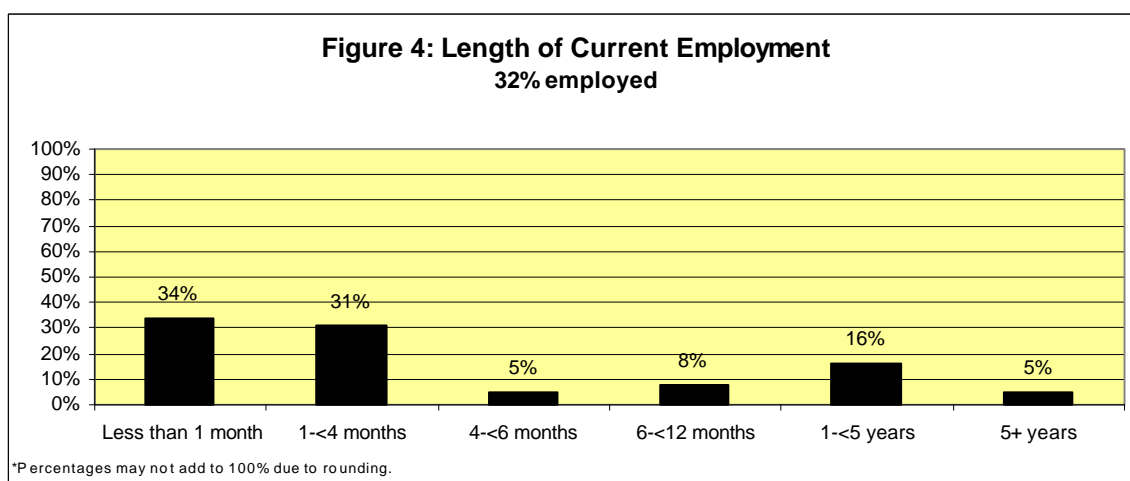
Employment Status – The Employed

Myth #2: Homeless Do Not Work

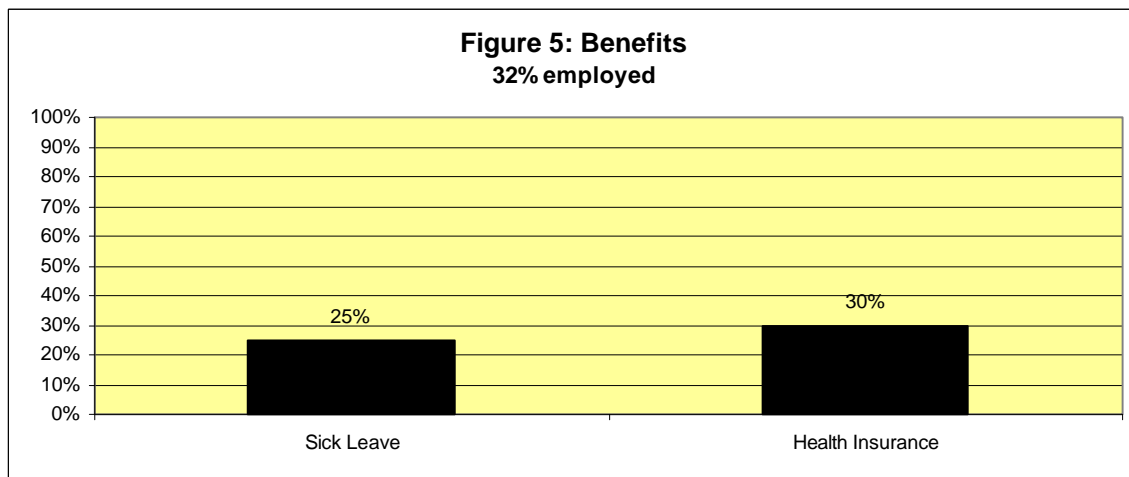
Number of Hours Worked: Another common perception of homeless persons is that they do not work. Results from this survey show that almost one-third of respondents (32%) have jobs. Figure 3 displays that of those employed, more than half (56%) work 36 or more hours per week.



Length of Time on Job: Figure 4 shows the length of time respondents have held their jobs. Twenty-nine percent of respondents said they have held their current jobs for six or more months while the remainder have been on the job for less than six months.

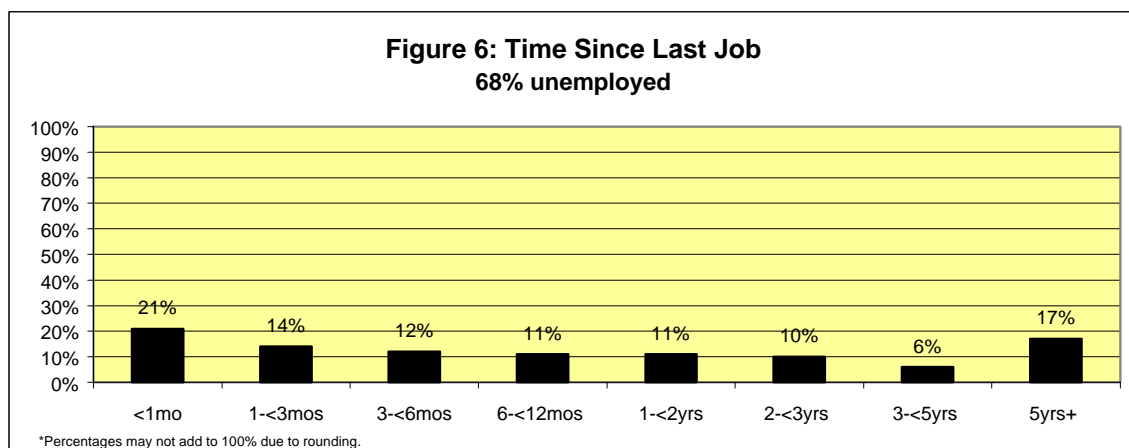


Benefits: Those who said they were employed were asked if their jobs offered them sick leave or health insurance. Figure 5 shows the results. Twenty-five percent said their jobs offer sick leave and 30% said their jobs offer health insurance.

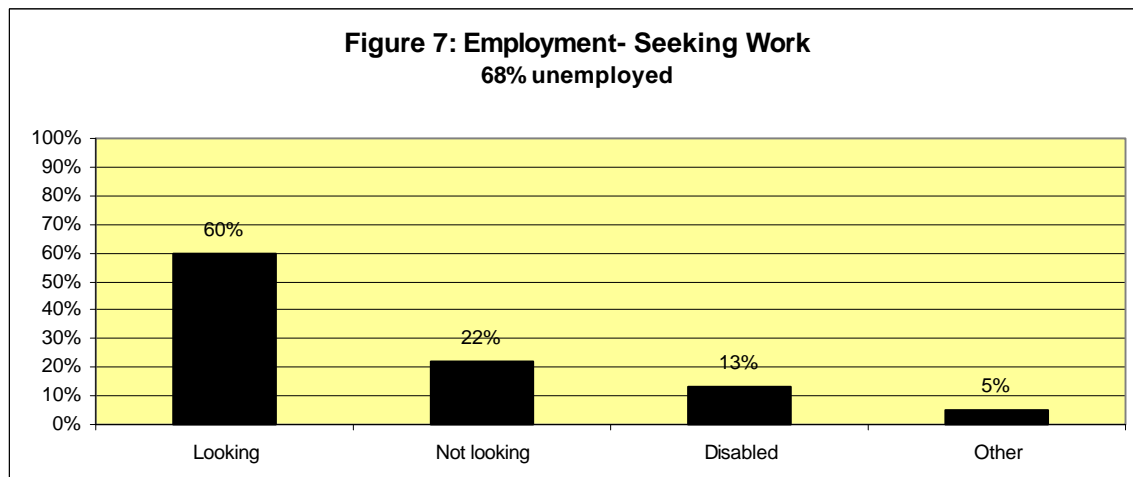


Employment Status – The Unemployed

Amount of Time since Last Job: Sixty-eight percent of those interviewed said they were unemployed (68%). This group was asked: “How long has it been since your last job?” Forty-seven percent said they have been unemployed for less than six months while the remainder said they have been unemployed for six months or more. (See Figure 6.)



Seeking Work: Those who said they were unemployed (68%) were asked: “Are you currently seeking work?” Figure 7 shows that 60% said they are looking for work, 22% are not looking, and 13% said they are not looking because they are disabled.



Significant Findings: Employed Homeless Compared to Unemployed Homeless

Table 5 shows notable differences between the employed and the unemployed. All other comparisons may be viewed in a complete set of tables in the appendix.

Housing

The data show that the employed have been homeless for a shorter period of time than the unemployed. The unemployed was more likely to use public places as a place to sleep.

First Contact

The data also show that the Salvation Army was the first contact for the employed more often than for the unemployed.

Resource Utilization

A greater percentage of those who were unemployed received Social Security, SSI, and TennCare compared to the employed.

Physical and Mental Health Status

The data show that the employed rated their health better than the unemployed and a smaller percentage reported untreated health problems. Arthritis, HIV/Aids, and A&D problems were more common among the unemployed.

The unemployed was more likely to indicate abuse by other homeless and abuse by the police compared to the employed.

As might be expected, fewer unemployed respondents said social support was available to them, and fewer said they had been to the dentist in the past year.

Desired Assistance

The unemployed expressed a greater desire for help to learn to find a job. Of the unemployed who were looking for work a significantly greater percentage (41%) expressed desire to learn a specific skill or trade compared to the unemployed who were not looking for work (23%) ($p < .05$).

Demographics

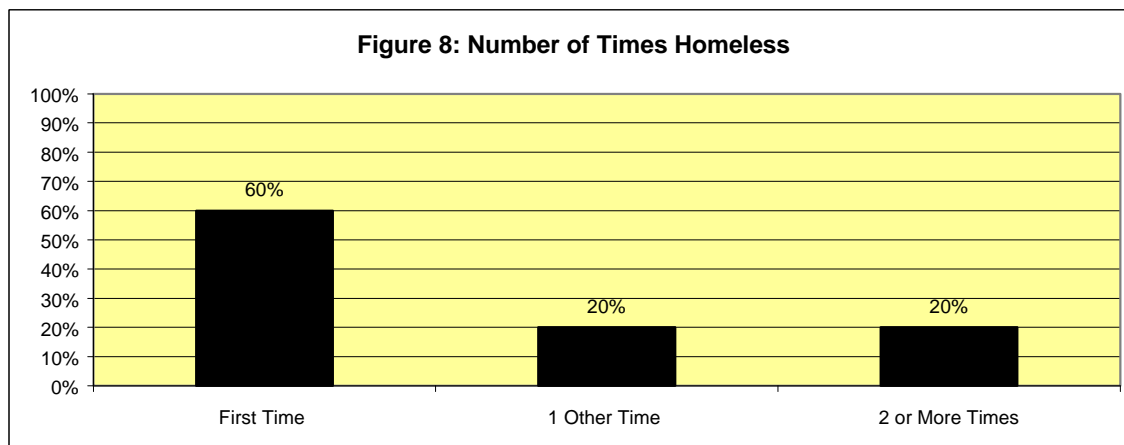
The unemployed represented in the sample was less likely to be from Nashville than the employed. They were also less likely to be veterans and less likely to have received some college education.

Table 5: Significant Findings – Employed Compared to Unemployed

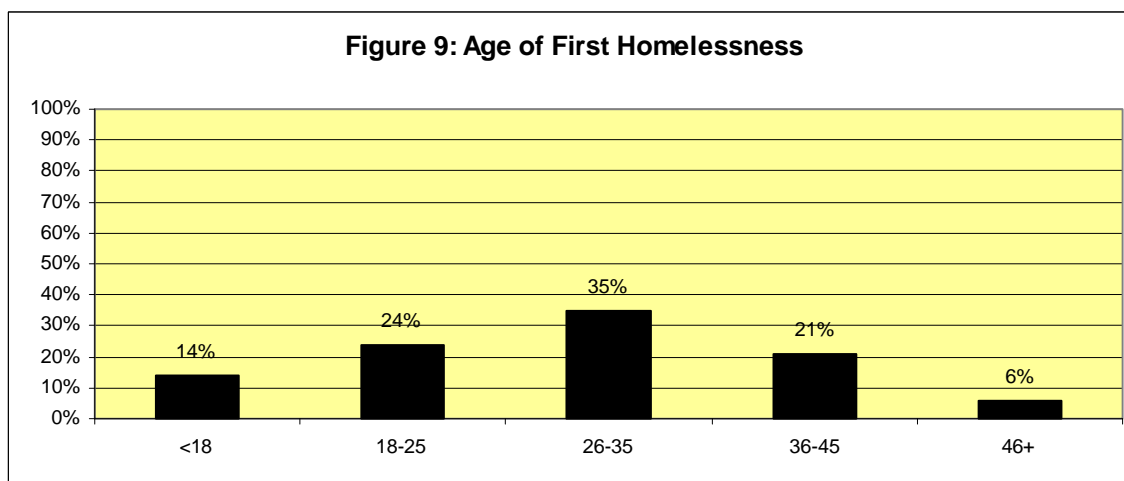
	Employed	Unemployed
Housing		
Stay in Shelter	62%	56%
Stay in House/Apt	28%	25%
Stay in Public Place	10%	19%
Length of Time Homeless		
< 6 months	39%	30%
6 or more months	61%	70%
First Contact		
Salvation Army	13%	6%
Resources Utilization		
Social Security	3%	10%
SSI	8%	16%
TennCare	23%	35%
Precursor		
From Nashville	79%	69%
Physical and Mental Health Status:		
Health Ratings (Average) 5-Excellent, 4-Very Good, 3-Good, 2-Fair, 1-Poor	3.4	2.9
Untreated health problems	16%	27%
Arthritis	13%	20%
HIV/Aids	2%	8%
A&D	32%	42%
Received Dental Care	28%	16%
Abused by other homeless	13%	22%
Abused by police	6%	13%
Social support available (Quite a bit, as much as needed)	47%	37%
Life Satisfaction		
Things have been going pretty good or very well during past month	54%	38%
Desired Assistance		
Finding job	12%	26%
Demographics		
Veteran	30%	21%
Education		
<HS	31%	38%
HS	42%	46%
>HS	27%	16%

Precursors to Homelessness

Number of Times Homeless: More than half of those interviewed (60%) said their current homelessness was their first. Twenty percent said they have been homeless one other time while another 20% said they have previously been homeless two or more times (See Figure 8.) This is similar to national estimates that indicate between 35% and 67% of currently homeless persons have experienced at least one other prior, separate episode of homelessness.¹

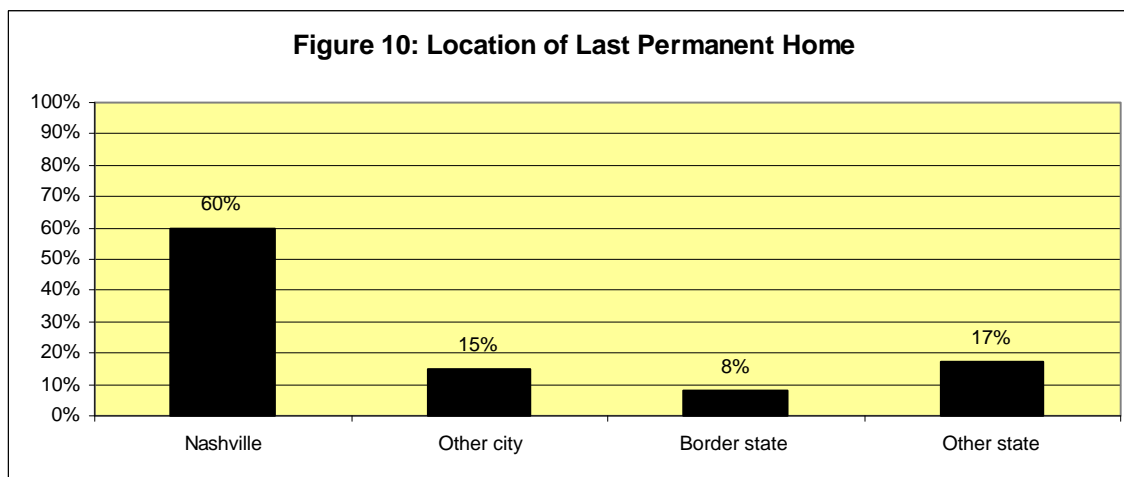


Age of First Homelessness: Respondents were also asked how old they were the first time they were homeless. Figure 9 shows that at their first homeless episode, 38% were 25 years of age or younger, 35% were 26 to 35, and 27% were 36 years of age or older.

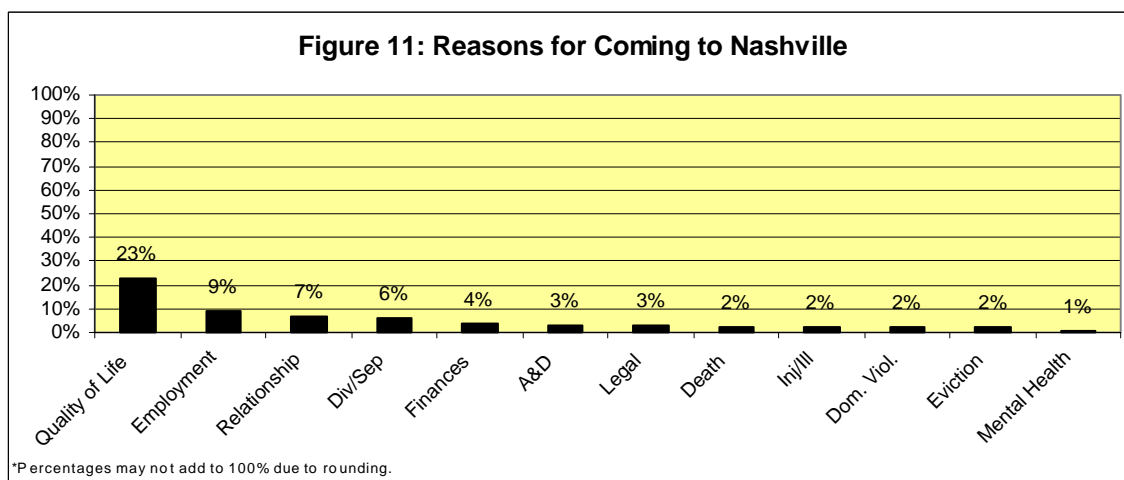


Myth #3: Homeless Come from Somewhere Else

Location of Last Permanent Place: There is a myth that homeless seen on the street are not from Nashville, but are mostly from somewhere else. However, the results from this study show that 60% of the homeless interviewed were from Nashville. Fifteen percent reported being from another city in Tennessee, eight percent were from a border state, and 17% were from a non-bordering state. (See Figure 10.)



Why Nashville? Those who are not from Nashville (40%) were asked why they came to Nashville. The most frequent response offered by respondents pertained to the perception that the quality of life in Nashville would be better than where they were coming from (23%). Nine percent said they came to Nashville for employment while seven percent said they came because they have relatives in Nashville. (See Figure 11.)



Significant Findings: Homeless from Nashville compared to Homeless not from Nashville

Table 6 shows the most notable differences in responses between Nashvillians compared to those not from Nashville in regard to profile and needs. All other comparisons may be viewed in a complete set of tables in the appendix.

Reasons for Homelessness

The results show that Nashvillians tended to indicate that financial problems were a reason for their homelessness while non-Nashvillians said relationship problems and death/divorce were reasons for their homelessness.

Resource Utilization

The results also show that Nashvillians represented in the study were less likely to indicate receiving SSI.

Physical and Mental Health Status

In terms of physical health, more Nashvillians said they have HIV/Aids, and have an A&D problem compared to non-Nashvillians. Non-Nashvillians reported a higher rate of diabetes.

Demographics

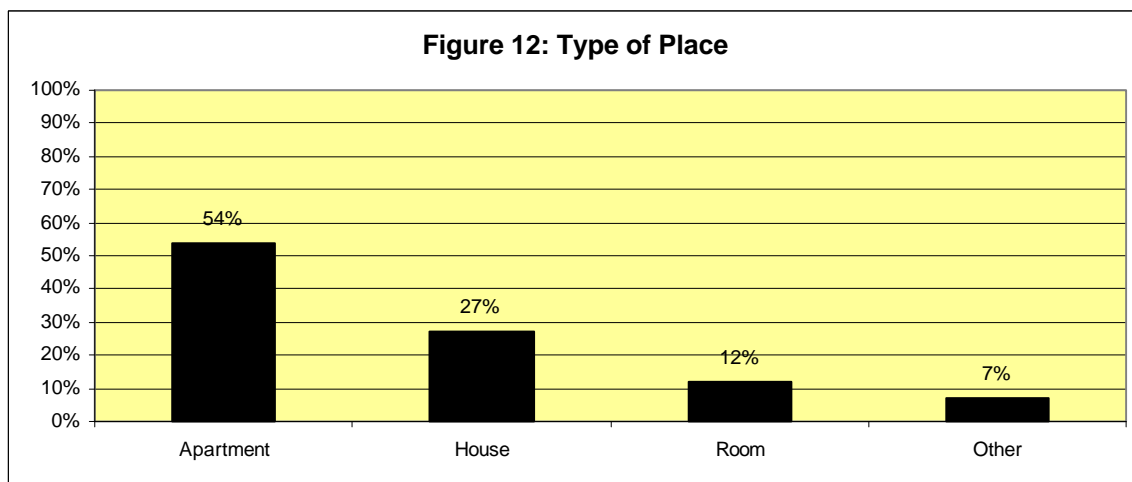
Analysis of demographic data showed that a higher percentage study participants from Nashville were African-American compared to non-Nashvillians.

Table 6: Significant Findings – Nashville as Home compared to Nashville is not Home

	From Nashville	Not from Nashville
Reasons for Homelessness		
Finances	41%	26%
Relationship problems	21%	32%
Death/Divorce	10%	18%
Resource Utilization		
SSI	12%	20%
Physical and Mental Health Status		
Diabetes	6%	12%
HIV/Aids	8%	2%
A&D	43%	31%
Employment		
Employed	34%	24%
Demographics		
African-American	71%	45%
Caucasian	25%	50%
Other	4%	5%

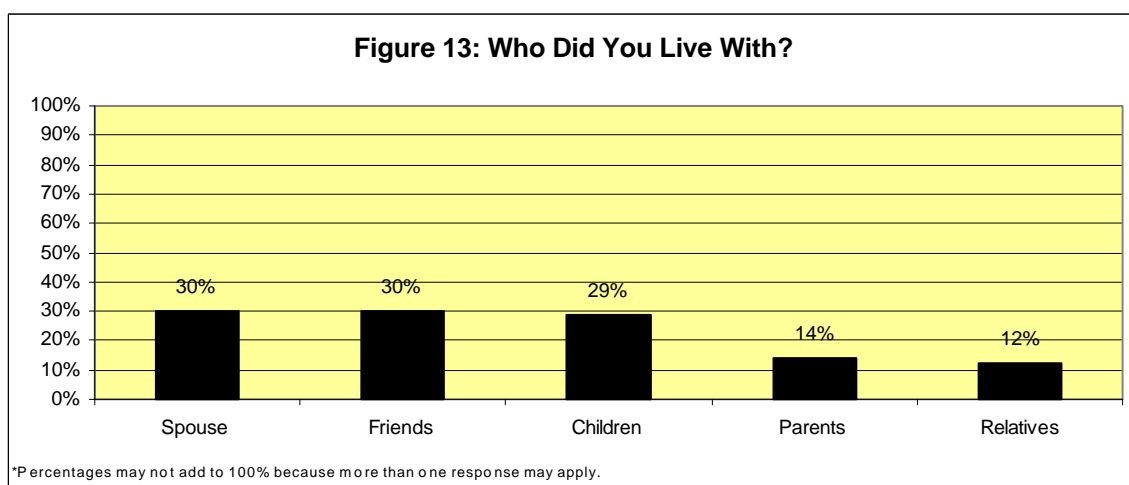
Living Arrangements Prior to Homelessness

Respondents were asked to describe the type of residence of their last permanent place to stay. Figure 12 shows that 54% said they lived in an apartment prior to being homeless, 27% lived in a house, and 12% resided in a rented room.

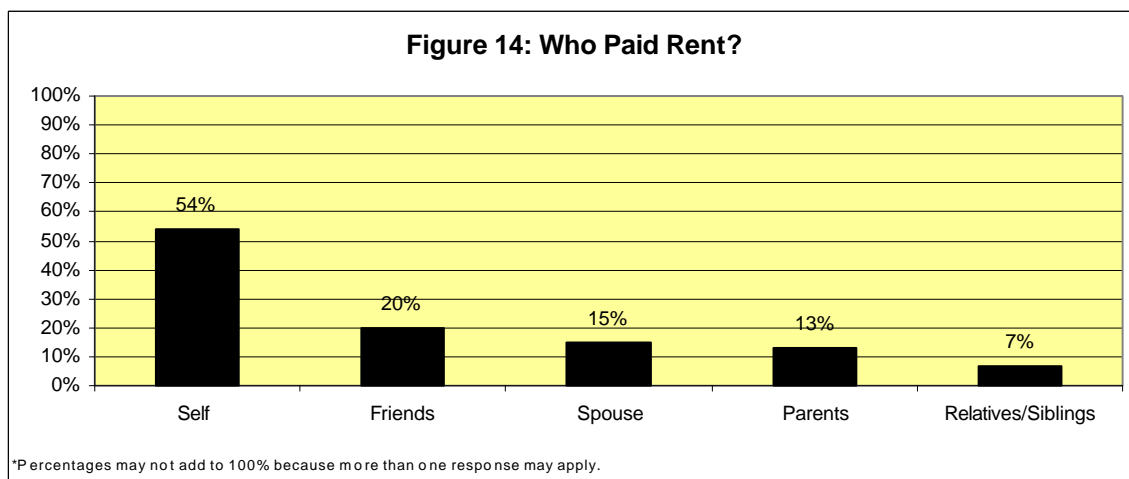


With Whom Did You Live? Respondents were also asked whether they lived alone or with others in their last permanent place. More than half (58%) said they lived with others while 42% said they lived alone.

Those who said they lived with others were then asked with whom they shared their dwelling. Figure 13 shows that almost one-third each (30%) said they lived with their spouse and with friends. Twenty-nine percent said they lived with their children. Fourteen percent said they lived with their parents while 12% said they lived with other relatives.



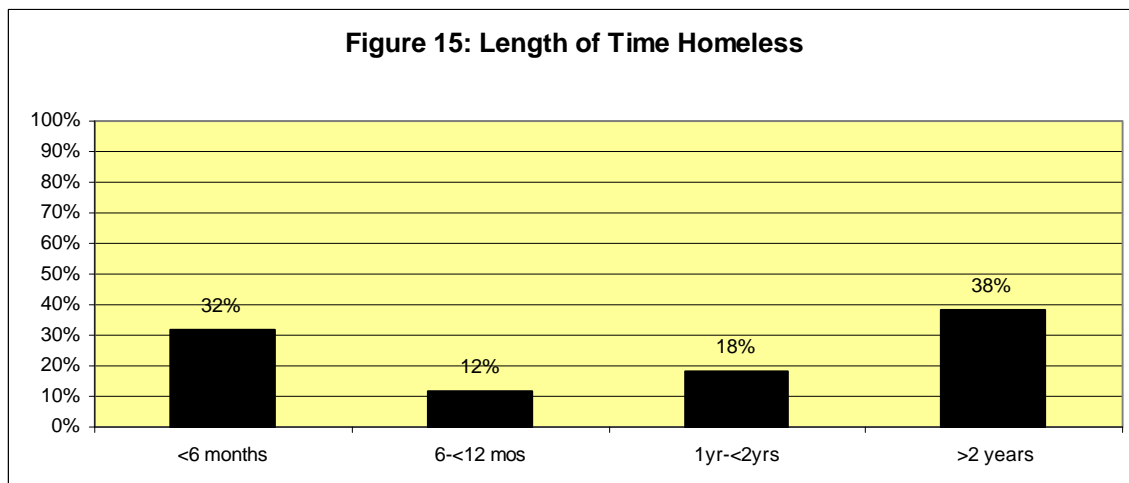
Who Paid Rent? Those who lived with others were also asked who paid the rent at the last permanent place. Over half (54%) said they paid all or some of the rent themselves and 20% said their friends paid all or some. Fifteen percent said spouses and 13% said parents paid all or some of the rent. (See Figure 14.)



Current Homelessness

Myth #4 Homeless Have Always Been Homeless

Length of Time Homeless: Another myth surrounding the homeless is that they have always been homeless. However, results of this study show that the median length of time homeless for those interviewed was 14 months, just over a year. Only four percent said they have been homeless for ten or more years. (See Figure 15.)



National estimates suggest that cross-sectional studies such as the current study may overestimate the proportion of individuals who have long periods of homelessness and underestimate the intermittently homeless population. A meta-analysis by Shlay and Rossi (1992) covering 14 studies, found that a majority of the recent homeless report having been homeless for relatively brief periods (less than six months).⁶

Significant Findings: Homeless Less than Six Months compared to Six Months or more

Table 7 displays notable differences in responses between those who have been homeless less than six months compared to those who have been homeless longer than six months. All other comparisons may be viewed in a complete set of tables in the appendix.

Housing

Results show that those who have been homeless for a longer period of time lived alone in their last permanent place of residence.

Current Homelessness

The results also show that those who have been homeless longer were more likely to have spent time in jail.

Resource Utilization

In terms of resources, the data show that those homeless six or more months were less likely to receive SSI or TennCare compared to those homeless for less than six months.

Physical and Mental Health Status

As might be expected since those homeless longer were less likely to be enrolled in the health care system, they were less likely to have visited a doctor or dentist in the past year. This group was also more likely to indicate being abused by other homeless.

Unmet Needs

Those who have been homeless longer reported more unmet needs than short-term homeless did. Long-term homeless reported significantly more unmet needs for a regular place to sleep, for clothing, food, medical care, and for hospital care.

Employment

In terms of employment, long-term homeless were less likely to be currently employed and more likely to have experienced loss of a job.

Demographics

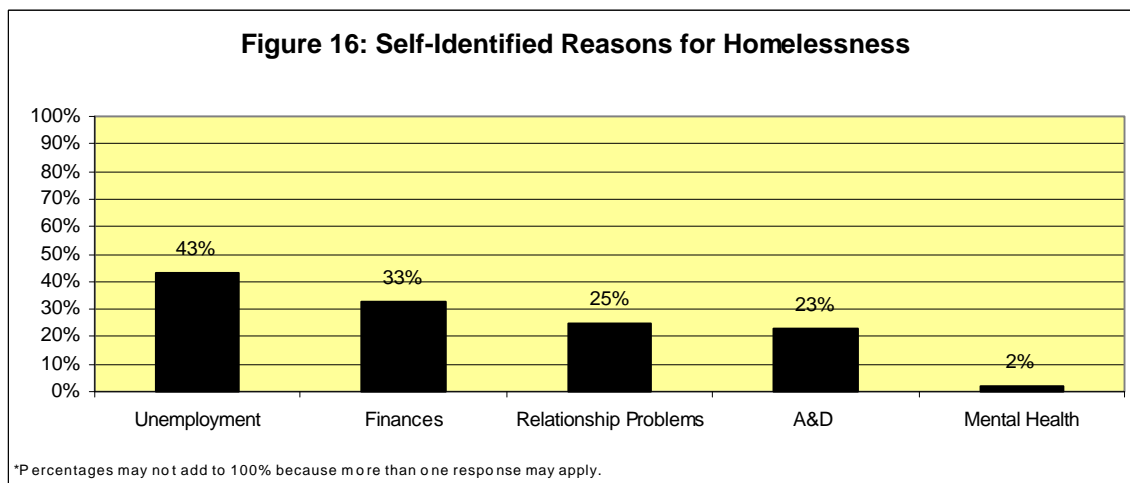
The results also show that long-term homeless are more likely to be African-American and less likely to be married.

Table 7: Significant Findings – Homelessness < 6 months compared to 6 + months

	< 6 months	6+ months
Precursor		
Lived alone	32%	45%
Experienced loss of job	47%	58%
Current Homelessness		
Spent time in jail	11%	25%
Resource Utilization		
SSI	19%	11%
TennCare	39%	28%
Physical and Mental Health Status		
Saw a doctor in past year	71%	60%
Received Dental Care	27%	16%
Abused by other homeless	10%	17%
Unmet needs		
A regular place to sleep	7%	13%
Clothing	8%	15%
Food	9%	14%
Medical care	4%	17%
Hospital care	4%	26%
Employment		
Currently employed	38%	29%
Demographics		
Race: African-American	49%	65%
Caucasian	46%	29%
Other	5%	7%
Marital Status: Div/Sep/Wid.	46%	50%
Never Married	38%	45%
Married	17%	5%

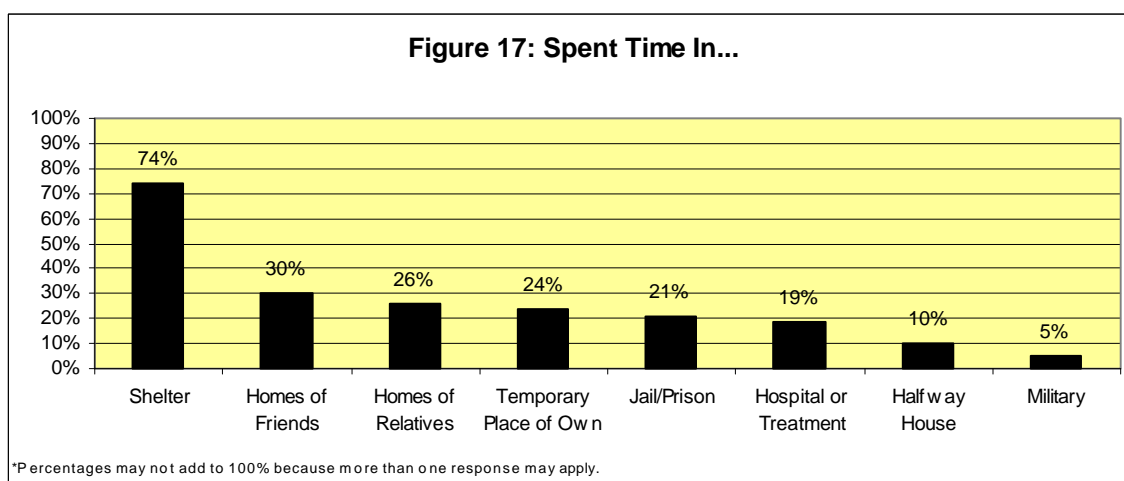
Self-Identified Reasons for Homelessness

Those interviewed were asked the reasons for their current homelessness. Figure 16 shows that the most frequent responses were unemployment (43%) and financial problems (33%). These were followed by relationship problems (25%), alcohol and drug problems (23%), and mental health problems (2%).



Housing Since Being Homeless

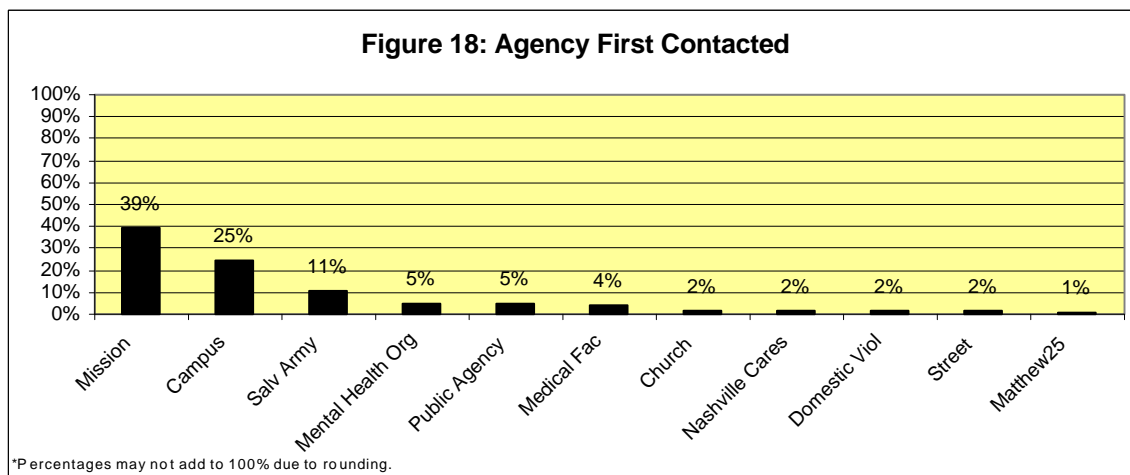
Respondents were asked where they have spent time since being homeless. Figure 17 shows that the majority (74%) said they have spent time at a shelter. Thirty percent said they have spent time at the homes of friends, 26% at the homes of relatives, and 24% said they spent time at a place they paid for themselves (e.g. a motel). Twenty-one percent revealed that they have spent time in jail/prison since becoming homeless.



Nationally, it is estimated that about 29 percent of homeless person have been in some sort of detoxification treatment program prior to their current episode of homelessness. Also from one fifth to one half of all homeless persons have been in jail or prison.¹

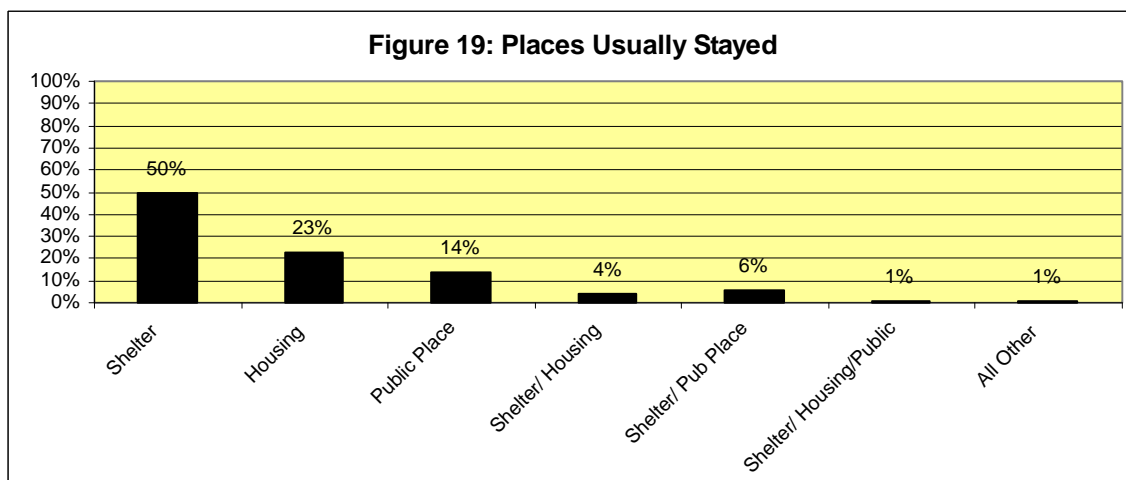
Agency First Contacted when Homelessness Occurred

Respondents were asked to identify the agency they first contacted after becoming homeless. More than one-third (39%) said they contacted the Mission while one-quarter (25%) said they contacted the Campus for Human Development. Eleven percent said they contacted the Salvation Army. (See Figure 18.)

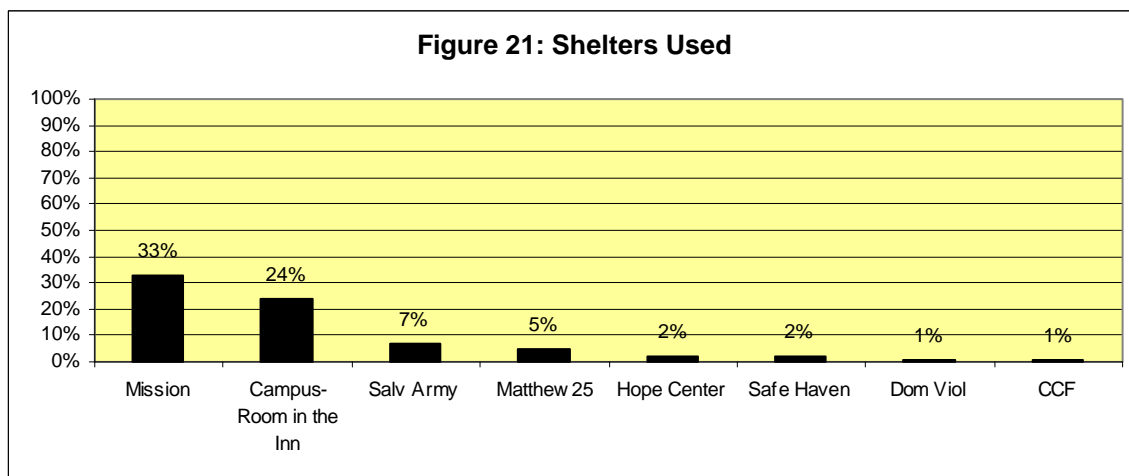


Current Living Arrangements

When asked about current living and sleeping arrangements, Figure 19 shows that 50% said they usually stay at a shelter to sleep while 23% said they sleep in another form of housing. Fourteen percent said they usually sleep in a public place while the remaining respondents use a combination of places.

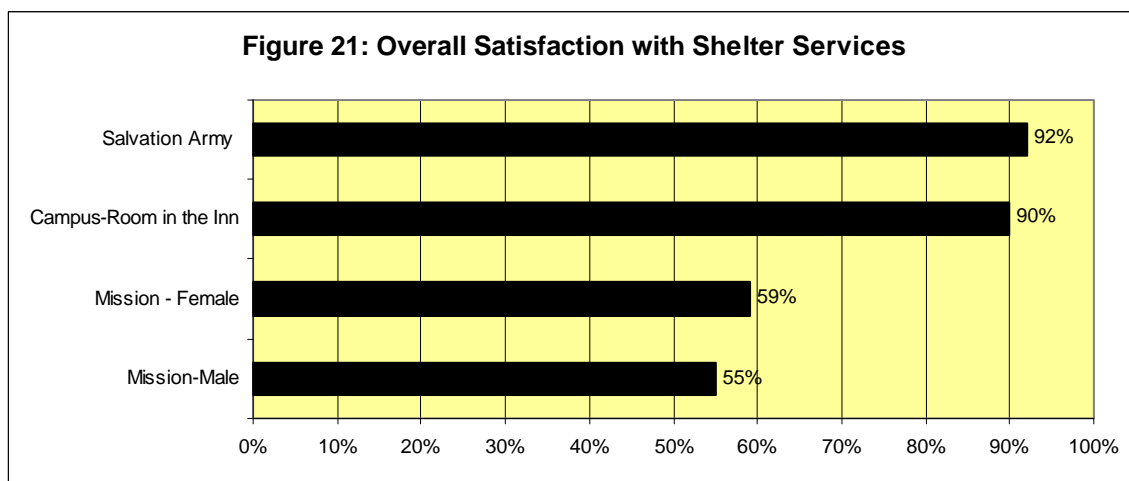


Respondents were asked to identify the shelters that they have utilized. Figure 20 shows the greatest percentage (33%) said they had used the Mission. Almost one-quarter (24%) said they used the Room in the Inn at the Campus for Human Development and seven percent said they used the Salvation Army shelter. This was followed by Matthew25 (6%), Hope Center (2%), and Safe Haven (2%).



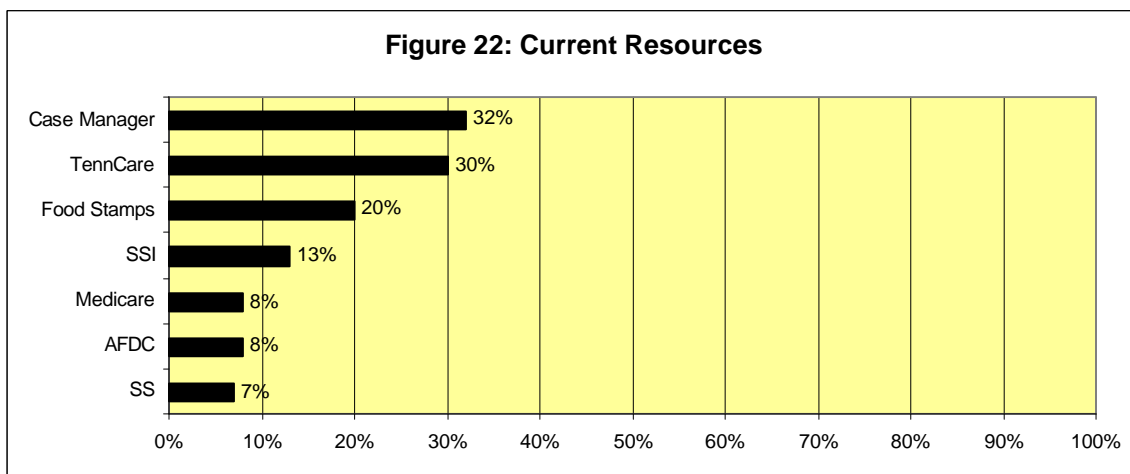
Satisfaction with Shelter Services

Respondents were also asked to rate their overall satisfaction with the services of the shelters they had been utilizing. The results presented in Figure 21 show that over ninety percent of those using services at the Salvation Army and Room in the Inn reported overall satisfaction while over half of those utilizing services at the Mission (59% female; 55% male) expressed overall satisfaction.

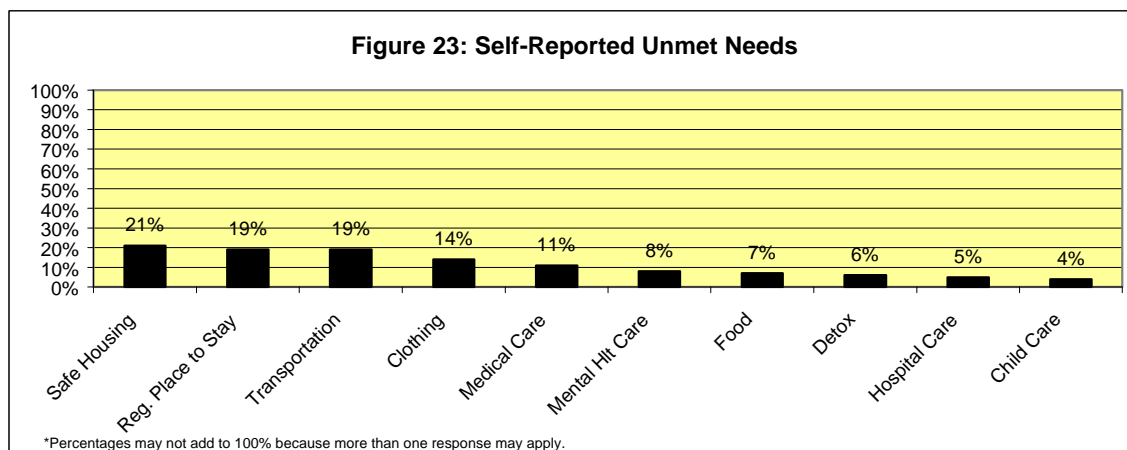


Current Resources

Those interviewed were asked to identify the resources they currently received. Almost one-third (32%) said they had a case manager and 30% said they received TennCare. Twenty percent received food stamps while 13%, 8%, 8%, and 7% received SSI, AFDC, Medicare, and Social Security respectively. (See Figure 22.)

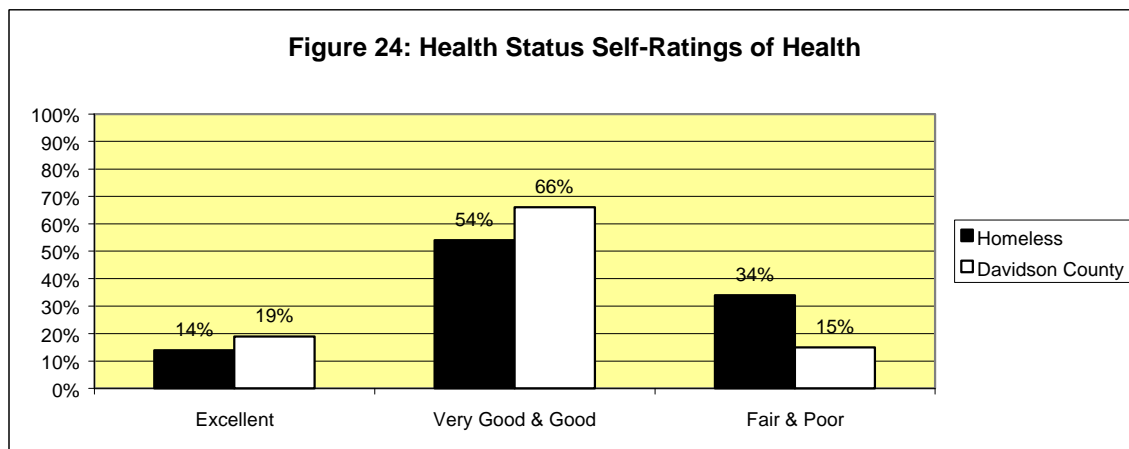


Self-Reported Unmet Needs: Figure 23 shows the unmet needs reported by the homeless interviewed. Twenty-one percent said they had unmet needs for safe housing while 19% each said they had unmet needs for a regular place to sleep and unmet needs for transportation. Fourteen percent said they had unmet clothing needs and eleven percent said they needed medical care but did not receive any.



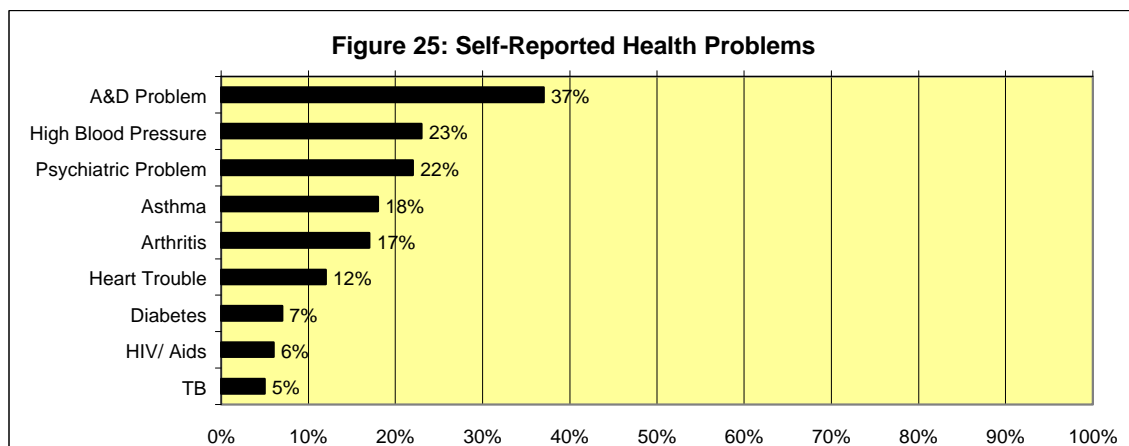
Health Status

Health Ratings: Respondents were asked to rate their health. Fourteen percent said their health was excellent while 54% said it was very good or good. More than one-third (34%) of the homeless interviewed said their health was fair or poor. This percentage is more than double that for Davidson County residents based on a survey conducted in 1998 of 3200 randomly selected adults. (See Figure 24) National estimates indicate about 40 percent of homeless report themselves in poor health.⁷

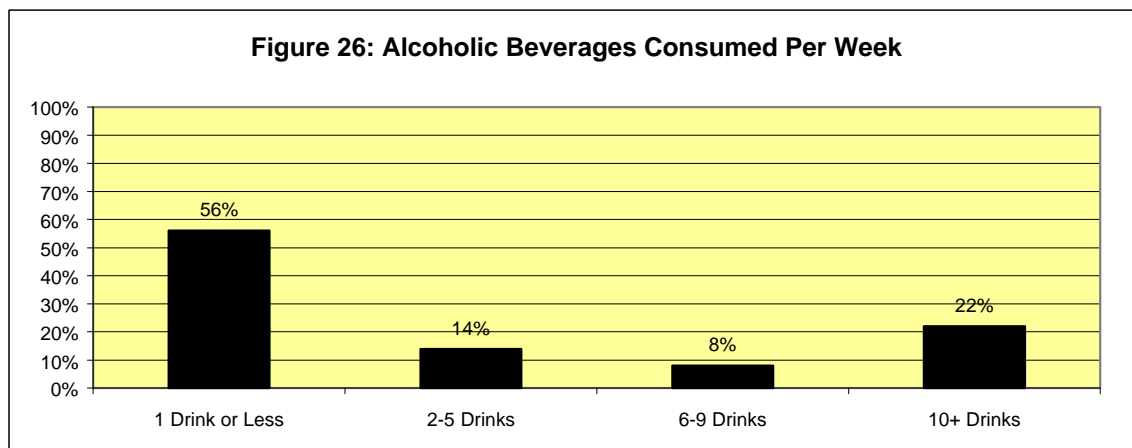


Self-Reported Health Problems: Figure 25 shows the self-reported health problems identified by respondents. More than one-third (37%) said they have an alcohol and drug problem. Almost one-quarter (23%) have been told they have high blood pressure. Figure 24 also shows that 22% were told they have a psychiatric problem, while a doctor told 18% and 17% that they have asthma and arthritis, respectively. Twelve percent were told they have heart problems, seven percent have diabetes, six percent have HIV/Aids, and five-percent tuberculosis.

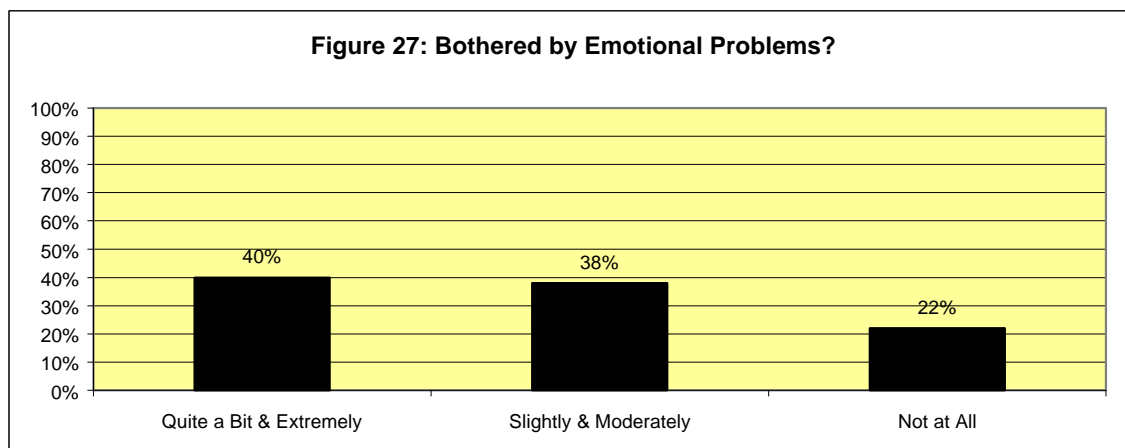
It is estimated that approximately one-third or more of homeless adults suffer from chronic alcohol problems. Also some suggest that alcohol problems often precede homelessness.¹



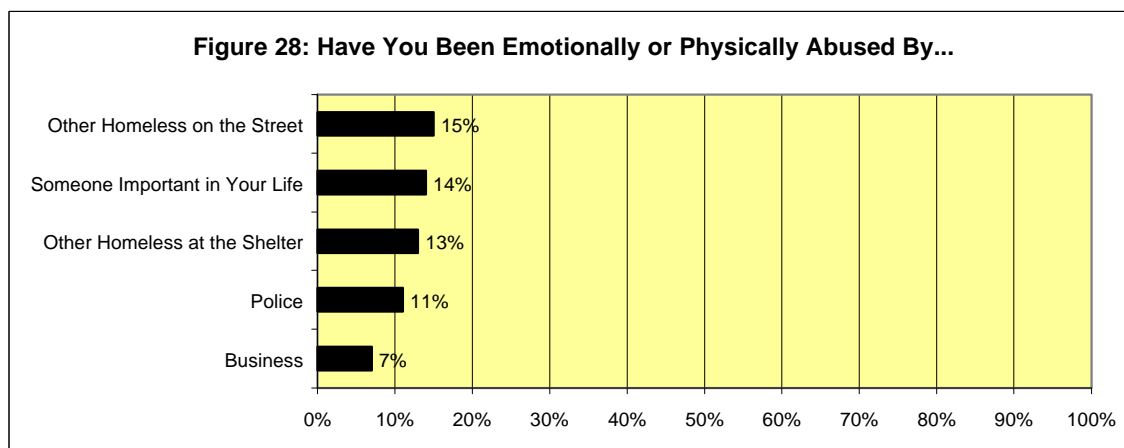
Alcohol Consumption: Interviewers asked respondents to identify the average number of alcoholic drinks they have consumed per week during the past month. More than half (56%) said they had one drink or less per week. Fourteen percent said they had 2 to 5 drinks and eight percent had 6 to 9 drinks. Almost one-quarter of the homeless (22%) said they had 10 or more drinks on average per week. (See Figure 26.)



Emotional Wellness: Respondents were asked how much they have been bothered by emotional problems during the past month. Figure 27 shows that 40% of respondents said they were bothered quite a bit or extremely by emotional problems during the past month. Thirty-eight percent of the homeless said they were bothered slightly or moderately while only 22% said they were not at all bothered by emotional problems.

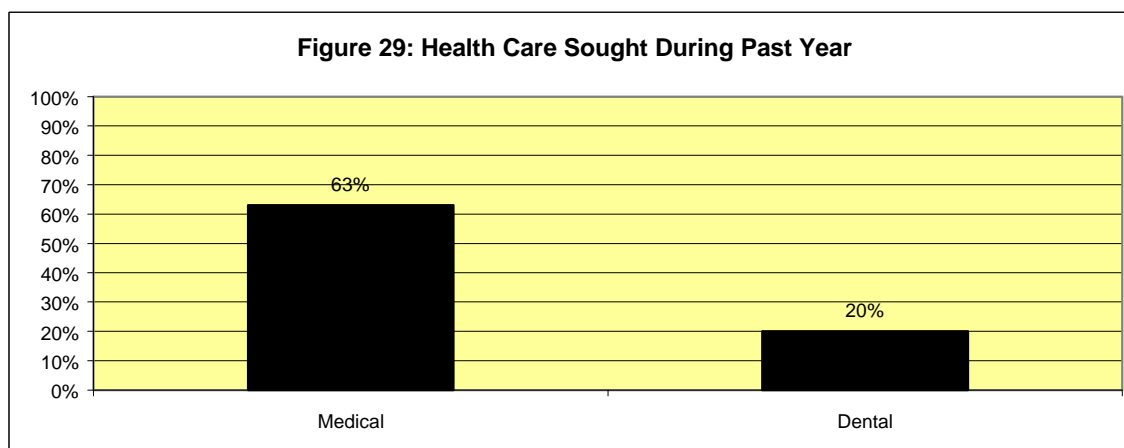


Abuse: Respondents were asked if they currently experienced emotional or physical abuse in addition to identifying the source of abuse. Figure 28 shows that 15% of participants said other homeless on the street abused them. Fourteen percent reported being abused by someone important in their life, while eleven percent said the police emotionally and/or physically abused them. Seven percent said people affiliated with businesses abused them.

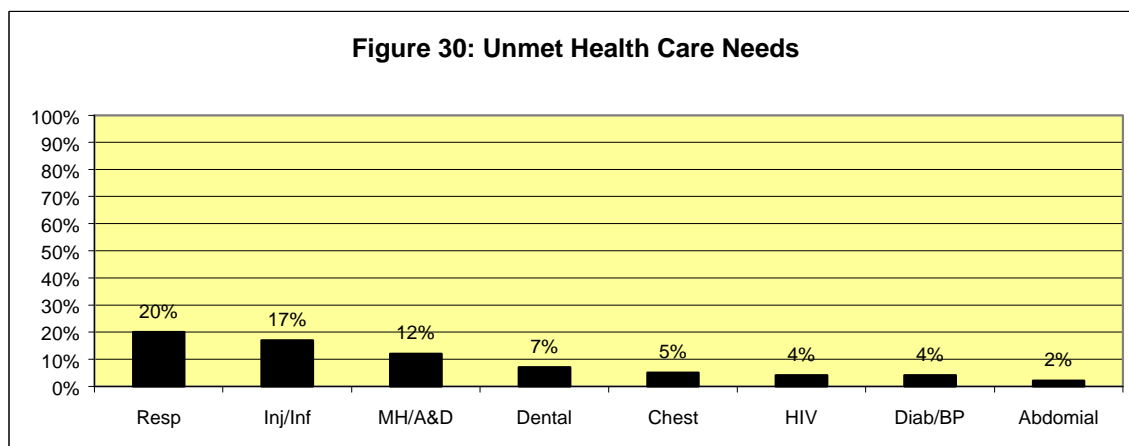


Access to Health Care

Health Care Sought: Figure 29 shows that almost two-thirds of the homeless interviewed (63%) said they had been to the doctor or other health professional during the past year. Only 20% said they have received dental care during the past year.

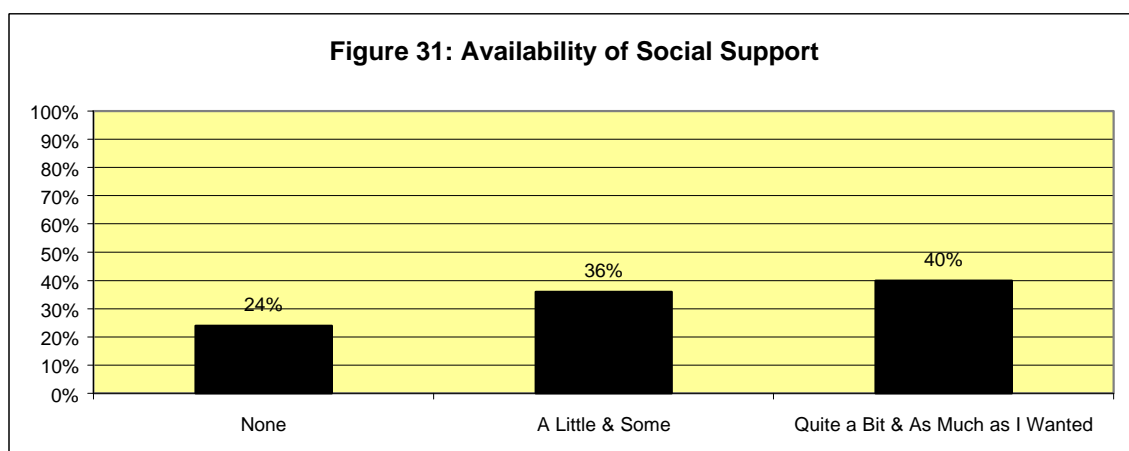


Unmet Health Care Needs: Respondents were asked to identify any health problems they had during the past month that were not treated by a doctor or other health professional. Figure 30 shows that 20% said they had untreated respiratory problems. Seventeen percent had an untreated injury or infection, while twelve percent said they had untreated mental health/alcohol and drug problems. Seven percent reported untreated dental problems and five percent reported chest problems. Seven percent reported untreated dental problems and five percent reported chest problems.



Social Support

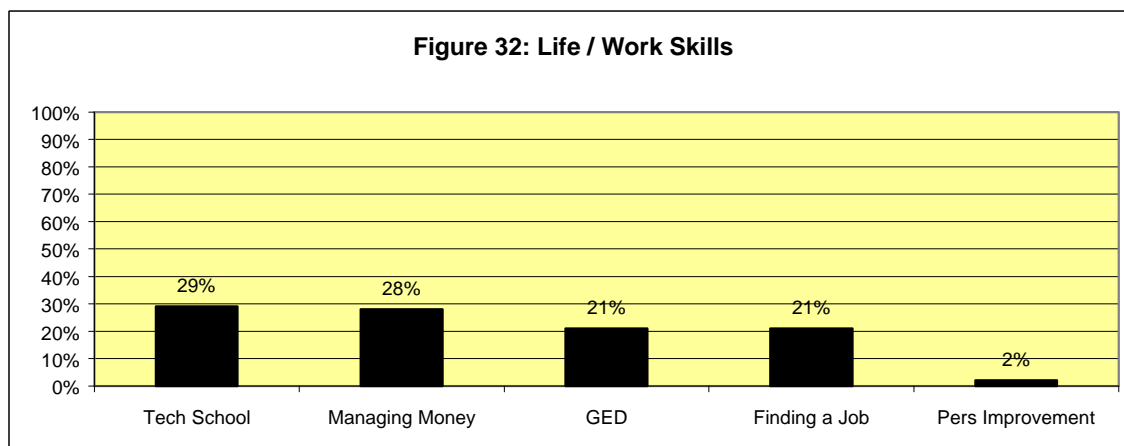
Interviews included a question regarding respondents' access to social support. More specifically, those interviewed were asked the extent to which someone was available to help them if they needed and wanted help (i.e. someone to talk to). Unfortunately, less than half (40%) said they had as much social support as needed or "quite a bit". Thirty-six percent of the homeless said a little or some social support was available while almost one-quarter (24%) said they did not have anyone available to help. (See Figure 31)



Life/Work Skills

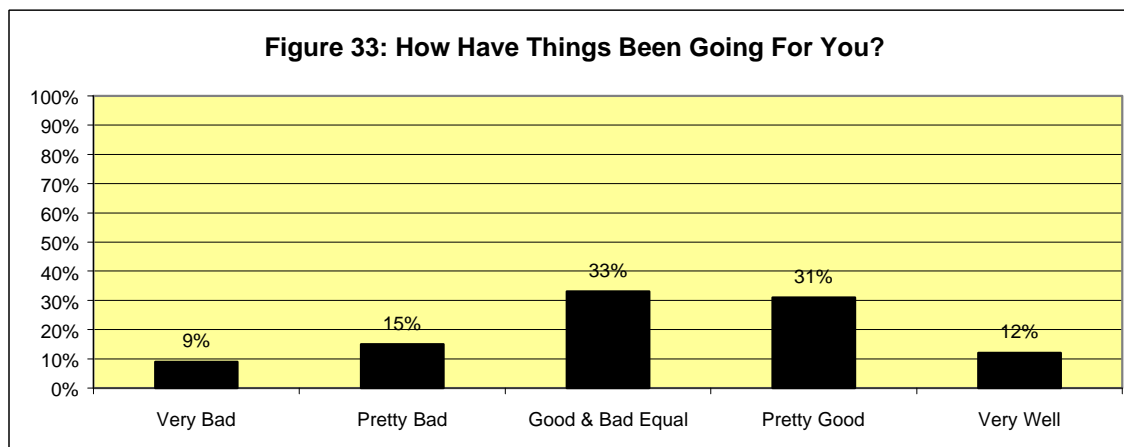
Myth #5: Homeless Have No Ambition

It may often be thought that the homeless have no ambition or do not want to better themselves and their lives. When asked, 29% of the homeless interviewed said they would like to attend technical school or learn a skill that would help in finding a job. Twenty-eight percent said they needed help in learning how to manage money. Twenty-one percent each said they wanted to obtain their GED and learn how to find a job while two percent said they would like education on other personal improvements. (See Figure 32)



Life Satisfaction

In an attempt to understand how the homeless perceive their satisfaction with life, homeless were asked, “How have things been going for you during the past month?” Figure 33 shows that 24% of those interviewed said things have been going “very bad” or “pretty bad” while 33% said good and bad parts have been about equal. Forty-three percent said things have been “pretty good” or “very well” during the past month.



An In-Depth Look at Other Demographic Subgroups Among the Homeless

To gain a comprehensive understanding of the homeless and homelessness, it is important to understand the needs of different demographic groups since these will vary among homeless persons based on age, race/ethnicity, veteran status, level of education and marital status and gender (results for gender were described earlier in the report). The following contrasts each demographic subgroup. This information may be used to target services to specific homeless groups.

Significant Findings: By Age Group

Table 8 shows notable differences by age groups that contrast younger homeless with older homeless. All other comparisons may be viewed in a complete set of tables in the appendix.

Housing

The youngest age group (18-25) was less likely to stay at a shelter and more likely to stay in a house/apartment. This suggests that the younger homeless persons are “bunking” more often with family or friends compared to older homeless.

Reasons for Homelessness

The data also show that the youngest group was most likely to cite finances as the primary reason for homelessness.

Experiences

In terms of previous experiences a greater percentage of those 46 years of age or older had experienced divorce compared to younger groups. Significantly more of those in groups younger than 36 said they had experienced family violence.

Resource Utilization

The data indicate that those 18 to 25 years of age had the highest rate of receiving AFDC.

Physical and Mental Health Status

Those between the ages of 26 and 35 were least likely to have visited the doctor in the past year. With the exception of asthma, high blood pressure, arthritis, diabetes, and heart trouble were more common among those older than 45 years of age.

Those 36 years of age and older tended to have ten or more drinks per week, but tended to be less likely to be bothered by emotional problems.

Emotional problems were more common among those between 18 and 25 years of age.

This group also had the highest percentage of those reporting being abused by their spouse or someone important to them.

Desired Assistance

The results also showed that those 18 to 25 expressed the most interest for help in obtaining their GED. Those between the ages of 18 to 35 indicated more interest in attending technical school while those 26 to 35 were most likely to want help in learning how to manage money.

Other Demographics

Those in the youngest age group tend to be females while as age increases, participants tend to be male. Caucasians are the largest group among those 18 to 25. However, African-Americans are the largest group among those older than 25. The results also show that older participants are more likely to be veterans while the youngest participants are more likely to have less than a high school education. Finally, the rate of those divorced/separated/widowed increases as age increases.

Table 8: Significant Findings by Age Group

	18-25	26-35	36-45	46+
Housing				
Stay at shelter	41%	61%	57%	59%
Stay at House/Apt	55%	20%	28%	24%
Stay in Public Place	3%	19%	15%	18%
Precursors				
Experienced divorce	20%	18%	25%	39%
Experienced family violence	37%	31%	16%	20%
Reasons for Homelessness:				
Finances	51%	39%	31%	30%
Resource Utilization				
AFDC	23%	13%	8%	4%
Physical and Mental Health Status				
Saw doctor in past year	74%	56%	63%	70%
High blood pressure	11%	17%	23%	38%
Arthritis	3%	11%	17%	32%
Diabetes	6%	4%	6%	16%
Heart trouble	11%	7%	12%	17%
Asthma	29%	13%	19%	25%
Have ten or more drinks per week	11%	14%	26%	25%
Bothered by emotional problems (Quite a bit, extremely)	54%	46%	37%	34%
Abused by Spouse/Significant Other	29%	20%	11%	14%
Desired Assistance				
Need help getting GED	43%	28%	19%	16%
Want to attend technical school	37%	38%	30%	24%
Need help in managing money	26%	39%	31%	17%
Demographics				
Gender: Male	43%	65%	77%	74%
Female	57%	35%	23%	26%
Race: African-American	43%	59%	69%	50%
Caucasian	54%	33%	25%	45%
Other	3%	7%	6%	5%
Veteran	6%	7%	29%	39%
Education: <HS	59%	36%	29%	37%
HS	32%	48%	47%	42%
>HS	9%	16%	24%	21%
Marital Status: Div/Sep/Wid	26%	32%	47%	73%
Never Married	68%	57%	44%	9%
Married	6%	11%	9%	7%

Significant Findings: By Race/Ethnicity

Table 9 shows notable differences in responses between African-Americans, Caucasians, and those of another race. All other comparisons may be viewed in a complete set of tables in the appendix.

First Contact

The results show that African-Americans were more likely to initially contact the Campus for Human Development compared to other racial groups while Caucasians were more likely to initially contact the Salvation Army.

Reasons for Homelessness

Study participants who were neither African-American nor Caucasian were less likely than those of another race to state finances as a reason for homelessness. African-American participants were more likely to indicate A&D problems as a reason.

Personal History

A smaller percentage of African-American participants reported experiencing family violence compared to other racial groups. They also had the lowest average number of previous episodes of homelessness.

Resource Utilization

In terms of resources, Caucasians had the highest rate of utilization for SSI and TennCare.

Physical and Mental Health Status

The results also indicate that Caucasians had the highest percentage of those who said they had visited the doctor during the past year while 'others' had the lowest. As would then be expected, 'others' indicated having the greatest percentage of untreated problems.

In terms of specific conditions, Caucasian participants had the highest reported rate of arthritis while African-Americans reported more A&D problems. This is supported by the finding that African-American participants indicated having two or more drinks per week compared to other groups.

Desired Assistance

Among groups, African-Americans expressed the most interest in learning how to manage money.

Other Demographics

Differences were found among groups in terms of marital status. Caucasians had the highest percentage of those who had been divorced/separated/widowed.

Table 9: Significant Findings by Race

	Afr.- Amer.	Cauc.	Other
First Contact			
Campus	24%	15%	12%
Salvation Army	5%	15%	6%
Precursors			
From Nashville	80%	56%	68%
Number of times homeless (average)	2.0	3.1	3.7
Experienced family violence	18%	29%	31%
Reasons for Homelessness:			
Finances	34%	31%	53%
A&D problems	28%	18%	12%
Resource Utilization			
SSI	11%	19%	9%
TennCare	28%	37%	22%
Physical and Mental Health Status			
Saw doctor in past year	59%	72%	47%
Had untreated problems	20%	28%	44%
Arthritis	14%	25%	19%
A&D	44%	32%	31%
Have two or more drinks per week	51%	32%	44%
Desired Assistance			
Need help in managing money	35%	21%	28%
Demographics			
Marital Status: Div\Sep\Wid.	42%	57%	44%
Never Married	50%	31%	47%
Married	7%	12%	9%

Significant Findings: By Education

Table 10 displays the results of significance testing among three age groups: those with less than a high school education, those with a high school education, and those who received education beyond high school. All other comparisons may be viewed in a complete set of tables in the appendix.

Reasons for Homelessness

The results indicate that those with less than a high school education were most likely to cite finances as a reason for their homelessness.

Personal History

Interestingly, those participants with the highest level of education averaged the most homeless episodes. Those with less than a high school education tended to become homeless at a younger age.

Resource Utilization

The results also show that those with less than a high school education receive AFDC and TennCare more commonly than those with higher levels of education.

Physical and Mental Health Status

Those with less than a high school education were found to be least likely to have been to the doctor or dentist in the past year. They also reported the highest rate of HIV/Aids. Those with more than a high school education reported the highest rates of arthritis and tuberculosis.

Unmet Needs

Compared to those with less education and more education, a greater percentage of those with a high school level education indicated an unmet need for a regular place to sleep and food.

Desired Assistance

Participants with a high school education expressed the most interest in attending technical school or learning a job skill while those with less than a high school education were most interested in learning how to find a job.

Other Demographics

A greater percentage of those with more than a high school education were veterans.

Table 10: Significant Findings by Education

	<HS	HS	>HS
Precursors			
Number of times homeless (average)	2.5	2.1	3.4
Age at first homelessness (average)	26.7	30.9	31.1
Reasons for homelessness:			
Finances	42%	31%	27%
Resource Utilization			
AFDC	12%	9%	2%
TennCare	40%	26%	28%
Physical and Mental Health Status			
Saw doctor in past year	56%	66%	70%
Received dental care	13%	19%	34%
Arthritis	16%	15%	30%
HIV/Aids	10%	4%	6%
Tuberculosis	6%	2%	9%
Unmet Needs:			
A regular place to sleep	7%	16%	5%
Food	9%	17%	5%
Desired Assistance			
Want help to attend technical school	30%	36%	23%
Need help finding a job	30%	21%	10%
Employment			
Currently employed	27%	30%	45%
Demographics			
Veteran	11%	27%	40%

Significant Findings: By Marital Status

Table 11 shows the results of significance testing among those who reported being divorced/separated/widowed, never married, or married. All other comparisons may be viewed in a complete set of tables in the appendix.

Length of Time Homeless

The results show that the majority of participants who are married have been homeless for less than six months while those who are divorced/separated/widowed or never married have been homeless for six or more months.

Reasons for Homelessness

As might be expected, those who were divorced/separated/widowed were more likely to indicate relationship problems as a reason for homelessness. Those who were divorced/separated/widowed and those never married were more likely to indicate alcohol and drug problems as a reason compared to those who said they were currently married.

Precursors

The results also showed that those who said they were divorced/separated/widowed became homeless at an older age and were homeless significantly more times than other groups.

Current Homelessness

The highest percentage of those who said they had spent time in jail or prison since becoming homeless was greatest among those who had never been married. Those who were married had the lowest percentage.

Life Satisfaction

In terms of life satisfaction among groups, those who were married indicated the highest percentage of those who said things in their lives have been going “pretty bad” or “very bad”. Those who were never married had the lowest rate.

Physical and Mental Health Status

Among marital status groups, the lowest rate of high blood pressure was found among those who had never been married.

Those who said they were married had the highest percentages of diabetes and asthma.

They also were most likely to be bothered by emotional problems and were most likely to indicate abuse by a spouse or significant other.

Other Demographics

As might be expected, those who had been divorced/separated/widowed were most likely to be over the age of 45 years.

In terms of race, the highest percentage of those who were African-American were found among those who had never been married.

Table 11: Significant Findings by Marital Status

	Div/Sep	Never	
	Wid	Married	Married
Length of Time Homeless			
< 6 months	31%	29%	61%
6+ months	69%	71%	39%
Reasons for homelessness:			
Relationship problems	33%	19%	16%
A&D problems	25%	26%	8%
Precursors			
Age of first homelessness (Average)	31	28	27
Number of Times Homeless	3	2	2
Current Homelessness			
Experienced jail/prison	19%	26%	8%
Life Satisfaction			
Things have been going pretty bad/very bad	25%	19%	37%
Physical and Mental Health Status			
High blood pressure	30%	16%	31%
Diabetes	8%	5%	18%
Asthma	20%	14%	37%
Bothered by emotional problems	43%	33%	55%
Abused by spouse/significant other	15%	12%	37%
Demographics			
Age: 18-25	4%	10%	4%
26-35	19%	37%	35%
36-45	39%	41%	40%
46+	39%	12%	21%
Race: African-American	53%	69%	47%
Caucasian	42%	24%	47%
Other	5%	6%	6%

Significant Findings: By Veteran Status

Almost one-quarter (24%) of the respondents to the survey said that they were veterans. Recent studies suggest that between 29% and 47% of homeless adult males have served in the armed forces prior to becoming homeless.¹

The results in Table 12 display notable differences in responses between veterans and non-veterans. All other comparisons may be viewed in a complete set of tables in the appendix.

Housing

The results show that a greater percentage of veterans compared to non-veterans reported they have a permanent residence in a place other than Nashville.

First Contact

A greater percentage of veterans tended to contact the Campus for Human Development upon becoming homeless in Nashville.

Reasons for Homelessness

The results also show that veterans were less likely to cite finances as a reason for homelessness, but were more likely to cite death/divorce.

Precursors to Homelessness

The average age of veterans at their first homeless episode was higher than for non-veterans.

Resource Utilization

Veterans were less likely to receive AFDC, food stamps, or to be enrolled in TennCare compared to non-veterans.

Physical and Mental Health Status

The results also show that veterans were more likely to have high blood pressure, and more likely to have ten or more drinks per week compared to non-veterans. Emotional problems were also more common among veterans.

Unmet Needs

Veterans reported fewer unmet needs than non-veterans. Non-veterans expressed more unmet needs for a regular place to sleep, for clothing, and for transportation.

Desired Assistance

Non-veterans expressed more interest in receiving assistance for obtaining their GED and for help in learning how to find a job.

Employment

A significantly greater percentage of veterans were employed compared to non-veterans.

Other Demographics

The average age for veterans who participated in the study was older than that of non-veterans. Veterans were more likely to have an education beyond a high school diploma and veterans were more likely to be divorced/separated/widowed than non-veterans.

Table 12: Significant Findings by Veteran Status

	Veteran	Not Veteran
Housing		
Permanent place other than Nashville	27%	17%
First Contact		
Campus	27%	18%
Reasons for homelessness:		
Finances	26%	36%
Death/divorce	21%	10%
Precursors		
Age at first homelessness	33	28
Resource Utilization		
AFDC	2%	11%
Food stamps	13%	23%
TennCare	15%	36%
Physical and Mental Health Status		
High blood pressure	36%	21%
Have ten or more drinks per week	32%	19%
Bothered by emotional problems (Quite a bit, extremely)	34%	19%
Unmet Needs		
A regular place to sleep	6%	13%
Clothing	6%	16%
Transportation	8%	16%
Desired Assistance		
Want help getting GED	8%	27%
Want help finding a job	12%	25%
Employment		
Currently employed	40%	29%
Demographics		
Age (Average)	44 yrs	37 yrs
Education: <HS	17%	42%
HS	51%	43%
>HS	32%	15%
Marital Status: Div\Sep\Wid.	62%	44%
Never Married	33%	47%
Married	5%	10%

References

1. Culhane, D. & Hornburg, S.P. (1997) Understanding Homelessness: New Policy and Research Perspectives, Fannie Mae Foundation.
2. Burt, M.R. (1996) Practical Methods For Counting the Homeless: A Manual for State and Local Jurisdictions, The Urban Institute.
3. Centers for Disease Control 1998 Behavioral Health Risk Survey System
4. Improve Your Medical Care Survey. (1998) Dartmouth COOP Measurement System
5. Burt, M.R. & Cohen, B. (1989) America's Homeless: Numbers, Characteristics, and Programs That Serve Them. The Urban Institute.
6. Shlay, A.B., & Rossi, P.H. (1992) Social Science Research and Contemporary Studies of Homelessness. *Annual Review of Sociology*, 18:129-60.
7. Wright, J. & Weber, E. (1987) Homelessness and Health, Washington, DC: McGraw-Hill.